MONITORING RESIDENTS FOR SYMPTOMS

Close monitoring of residents is important. Being able to identify and isolate a resident in the early stages of COVID-19, when viral loads may be high, could prevent many other cases from occurring.

Suggested Screening

Once a single COVID-19 positive resident is identified in the facility or home, increase symptom screening to three times per day, preferably every shift, for the duration of the outbreak. Place residents in Aerosol Contact Precautions if they develop even mild symptoms, and test.

- ☐ Symptoms may include
  - ▪ Sore throat
  - ▪ Cough
  - ▪ Shortness of breath
  - ▪ Runny nose
  - ▪ Congestion
  - ▪ Fever
  - ▪ GI symptoms such as nausea, vomiting, diarrhea
  - ▪ Fatigue
  - ▪ Body aches
  - ▪ Chills or shaking
  - ▪ Headache
- ☐ Residents with cognitive or behavioral health conditions can present with subtle changes in condition. For these residents it is important to consider unusual behaviors, agitation, withdrawal, acting out, or changes in eating, drinking, or sleeping in their assessment.
- ☐ Monitor each resident's temperature. Ideally these should be monitored three times per day. A fever is considered a temperature of 100 F degrees (37.8 C) or higher.
- ☐ Monitor each resident's oxygen saturation. A decrease in a resident's oxygen saturation can be a sign that they are developing pneumonia. Consider establishing an oxygen saturation baseline for each resident prior to a COVID-19 outbreak. Work with the resident's primary physician to identify what is considered normal for them and when an abnormal reading should be reported.
- ☐ Notify the resident physician should symptoms develop. Consider requesting a PCR to confirm COVID-19 infection.
- ☐ During an active outbreak, consider keeping a written log of temperature, O_2 saturation, and symptoms screening results.

References

CDC Infographic COVID-19 Symptoms
https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf